

RIVERDALE INSTITUTE

• Suite 19, 2-14 Station Place, Werribee, VIC 3030

https://www.riverdaleinstitute.edu.au

(1800-902-480

RTO NO: 45754 | CRICOS Provider Code: 03949M



APPLICANTION FOR RELEASE LETTER

STUDENT'S PERSONAL DETAILS:					
FULL NAME					
STUDENT DOB/STUDENT ID					
PHONE NO.					
EMAIL					
ADDRESS					
COURSE DETAILS:					
COURSE CODE & NAME					
STUDENT DOB/STUDENT ID		RELEASE E	FFECTIVE FROM		
STUDENT DECLARATION					
 I understand that this application does not guarantee the issue of a release letter. I understand that I must provide the necessary documents as requested by Riverdale Institute (such as an offer letter from another provider). I understand that I must maintain my enrolment at Riverdale Institute while the application is being processed. I declare that all the information provided in this form is accurate and correct and no false/fake document has been attached. I acknowledge that I have read and understood all the requirements for this request. I acknowledge that I understand all the relevant policies and procedures regarding this change, including Riverdale's Fee Charges and Refund Policy. I acknowledge that I have been advised to contact the Department of Home Affairs regarding any visa changes to the student visa. I understand that I must pay my all due monies as one of the requirements for getting a release letter. I am aware of my appeal rights. I understand that I must discuss the issue with the student support officer before applying for the release letter. I understand that processing time for the application for the release letter is 10 working days. Student signature: Date:					
OFFICE USE ONLY:					
RECEIVED BY			D	ATE	
OUTCOME OF THE REQUEST		□ Release granted		Release not grar	nted
REASON FOR THE DECISION					
PROCESSED BY			D	ATE	